Case 09-30798 Doc 5 Filed 10/02/09 Document

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B22A (Official Form 22A) (Chapter 7) (12/08)

	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re Ashley Erin Kitchen	(41.60% 5.10 5.11 5.11 5.11 5.11 5.11 5.11 5.11
Debtor(s)	☐ The presumption arises.
•	☐ The presumption does not arise.
Case Number:	The presumption is temporarily inapplicable.
(If known)	(Check the box as directed in Parts I. III. and VI of this statement)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and
	complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the
	means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/
	I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR D 28 B
	b. 🔲 I am performing homeland defense activity for a period of at least 90 days /or/
	before this bankruptcy case was filed.



B22A (Official Form 22A) (Chapter 7) (12/08) - Cont.

		Boot II CALCIII ATION	OF MONTH! VINC	OME EOD \$ 707/6/(7) EVOL	LIGION	.i	
	Marita		**************************************	OME FOR § 707(b)(7) EXCL e of this part of this statement as directed.		1	<u> </u>
		Unmarried. Complete only Column A					
	penalt living		separated under applicable ng the requirements of § 707	r checking this box, debtor declares under non-bankruptcy law or my spouse and I a 7(b)(2)(A) of the Bankruptcy Code."			
2		Married, not filing jointly, without the decimn A ("Debtor's Income") and Column			lete both	1	
		Married, filing jointly. Complete both C 3-11.	∍") for				
	month of mor	nes must reflect average monthly income ns prior to filing the bankruptcy case, end nthly income varied during the six months on the appropriate line.	ing on the last day of the mo	onth before the filing. If the amount	0	column A Debtor's Income	Column B Spouse's Income
3	Gross	s wages, salary, tips, bonuses, overtir	me, commissions.		\$1,	,462.42	\$3,000.00
4	the diff farm, Do no	ference in the appropriate column(s) of L enter aggregate numbers and provide de pot include any part of the business ex	ine 4. If you operate more that tails on an attachment. Do n	ot enter a number less than zero. as a deduction in Part V.	_		
	a.	Gross receipts		\$0.00	-		
	b.	Ordinary and necessary business exp	enses	\$0.00	 \$0.	.00	\$0.00
	C.	Business income		Subtract Line b from Line a	<u></u>		
	in the	and other real property income. appropriate column(s) of Line 5. Do not eart of the operating expenses entered		ro. Do not include			
5	a.	Gross receipts		\$0.00			
6 N 1848	b.	Ordinary and necessary operating exp	penses	\$0.00			
	C.	Rent and other real property income		Subtract Line b from Line a	\$0.	.00	\$0.00
6	intere	est, dividends, and royalties.			\$0.	.00	\$0.00
7	Pensi	on and retirement income.			\$0.	.00	\$0.00
8	the de	amounts paid by another person or en ebtor or the debtor's dependents, incl it include alimony or separate maintenance eleted.	luding child support paid	for that purpose.	\$0.	.00	\$0.00
9	Hower was a Colum	ver, if you contend that unemployment co benefit under the Social Security Act, do nn A or B, but instead state the amount in	not list the amount of such	or your spouse			
	1 1	mployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$1,184.00</u>	Spouse \$0.00	\$0.	.00	\$0.00
10	separa if Col		r separate maintenance pa ther payments of alimony Social Security Act or paym	nents received as a victim of a war			
	а			0			
	b	•		0	İ		
	Tota	al and enter on Line 10			\$0.	.00	\$0.00
11		otal of Current Monthly Income for § 7 nn A, and, if Column B is completed, add s).			\$1,	,462.42	\$3,000.00
Str. S	Total	Current Monthly Income for § 707(b)(7). If Column B has be	en completed.	\dashv		I
12	add Li	ine 11, Column A to Line 11, Column B, a leted, enter the amount from Line 11, Col	and enter the total. If Colum	•	\$4	,462.42	

3

B22A (Official Form 22A) (Chapter 7) (12/08) - Cont.

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$58,029.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: UTAH b. Enter debtor's household size: 3	\$63,796.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	<u> </u>
15	☑ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Enter the amount from Line 12.		\$			
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
		1			
a.	\$				
a. b.	\$				
b.	\$	\$			

	Jui	part A: Deducti	ions under Sta	ndards	s of the Internal Revenu	e Service (IRS)
ŀΑ	Standards for	ndards: food, clothing, Food, Clothing and Othe ov/ust/ or from the cle	er Items for the applic	able hous	in Line 19A the "Total" amount from ehold size. (This information is avail		\$
	Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
)B	of the bankrup and enter in L of household total amount f total amount f health care ar	ine b2 the number of me members must be the sa or household members u or household members 6 nount, and enter the resu	embers of your househ ame as the number sta under 65, and enter the 65 and older, and enter ult in Line 19B.	old who ar ated in Lin- e result in r the resul	rour household who are under 65 ye re 65 years of age or older. (The tota e 14b.) Multiply Line a1 by Line b1 t Line c1. Multiply Line a2 by Line b2 It in Line c2. Add Lines c1 and c2 to	ars of age, al number o obtain a to obtain a obtain a total	7
)B	of the bankrui and enter in L of household total amount f total amount f health care an	ne b2 the number of me members must be the sa or household members u or household members 6 nount, and enter the resu members under 65 ye	embers of your househ ame as the number sta under 65, and enter the 65 and older, and enter ult in Line 19B.	old who are ated in Line e result in the result in Ho	rour household who are under 65 years of age or older. (The tota e 14b.) Multiply Line a1 by Line b1 the Line c1. Multiply Line a2 by Line b2 the Line c2. Add Lines c1 and c2 to busehold members 65 years of age	ars of age, al number o obtain a to obtain a obtain a total	
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	LOC	al Standards: housing and utilities; mortgage/rent expenses.	Enter, in Line a	below, the		
		unt of the IRS Housing and Utilities Standards; mortgage/rent expens		,		
1.000		•	k of the bankruptcy cou			
33.0	`		• •	**		
air rin .		b the total of the Average Monthly Payments for any debts secured by			- 1	
В	42; S	subtract Line b from Line a and enter the result in Line 20B. Do n	ot enter an amount le	ess than zero.		
		IRS Housing and Utilities Standards; mortgage/rental expense		\$	Πl	
	b.	Average Monthly Payment for any debts secured by your			 	
	D.					
		home, if any, as stated in Line 42		\$	41	_
	C.	Net mortgage/rental expense		Subtract Line b from Line a.		\$
١					⇉	
98.1	Loca	al Standards: housing and utilities; adjustment. If you con	ntend that the process	set out in		
		s 20A and 20B does not accurately compute the allowance to which	•		1	
1		• •	•			
		sing and Utilities Standards, enter any additional amount to which you	u contena you are entit	iea, ana		
, I _г	state	the basis for your contention in the space below:			<u>_</u> -1	
1					- 11	
					- 11	\$
						Ψ
	_				=+	,=
2000		al Standards: transportation; vehicle operation/public transpor	•			
3334534		are entitled to an expense allowance in this category regardless of whether the category regardless of which is the category regardless of the cate		enses of		
	opera	ating a vehicle and regardless of whether you use public transportation	on.			
	Chac	ck the number of vehicles for which you pay the operating expenses	or for which the energti	ing		
- 1		* . *	•	n ig		
ZAI		enses are included as a contribution to your household expenses in L	ine 8.			
	⊠0	1 2 or more.				
	lf voi	u checked 0, enter on Line 22A the "Public Transportation" amount fr	rom IRS Local Standar	rds: Transportation	- 1	
		u checked 1 or 2 or more, enter on Line 22A the "Operating Costs" a				
-0.00000	•	, ,			1	
75 8.33		sportation for the applicable number of vehicles in the applicable Me	•		ı	\$
	Regi	on. (These amounts are available at <u>www.usdoj.gov/ust/</u> or from the	he clerk of the bankrup	tcy court.)	- 1	Φ
30000						
	Loca	al Standards: transportation; additional public transportation e	xpense. If y	ou pay the operating expenses		
A/ 54		•	•			
	for a	vehicle and also use public transportation, and you contend that you	are entitled to an addit	tional deduction for		
В	for a your	vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Trans	are entitled to an addit portation" amount from	tional deduction for IRS Local Standards:		
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B22A (Official Form 22A) (Chapter 7) (12/08) - Cont.

37

5 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self 25 employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. 26 Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually 27 pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required 28 to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. \$ Do not include payments on past due support obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally Enter the total average monthly amount that you actually expend for education that is a 29 condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Enter the total average monthly amount that you actually expend on Other Necessary Expenses: childcare. 30 \$ childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or 31 paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as 32 pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 33 Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance b. Disability Insurance \$ Health Savings Account \$ 34 Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual 35 monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is \$ unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually 36 incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$ Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs.

provide your case trustee with documentation of your actual expenses, and you must demonstrate that

reasonable and necessary and not already accounted for in the IRS Standards.

Case 09-30798 Doc 5 Filed 10/02/09 Entered 10/02/09 15:11:32 Desc Main Document Page 6 of 10

6

B22A (Official Form 22A) (Chapter 7) (12/08) - Cont.

you ac second with d	ducation expenses for dependent children less than 18. Enter the total average monthly expenses that but actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or econdary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is easonable and necessary and not already accounted for in the IRS Standards.						
clothin Standa or from	Additional food and clothing expense. Enter the total average monthly amount by which your food and lothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is easonable and necessary.						
	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						
Total	Additional Expense Ded	uctions under § 707(b). Enter the to	otal of Lines 34 through 40)	\$		
		Subpart C: Deductions t	or Debt Payment				
Payme total of filing o	ent, and check whether the fall amounts scheduled as	ditor, identify the property securing the de- e payment includes taxes or insurance. The s contractually due to each Secured Credi- ided by 60. If necessary, list additional en Payments on Line 42. Property Securing the Debt	ne Average Monthly Paymetor in the 60 months follow tries on a separate page. I	ent is the ving the			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	include taxes or insurance?			
a.			\$	☐ yes ☐no			
b.			\$	☐ yes ☐no			
C.			\$	☐ yes ☐no			
d.			\$	☐ yes ☐no			
е.			\$	☐ yes ☐no			
			Total: Add Lines a - e		\$		
resider you ma in addi would	ay include in your deduction ition to the payments listed include any sums in defau	laims. If any of the debts listed in the property necessary for your support or on 1/60th of any amount (the "cure amount in Line 42, in order to maintain possessibilit that must be paid in order to avoid repollowing chart. If necessary, list additional enterpolation of the property Securing the Debt	the support of your deper t") that you must pay the con on of the property. The cui ssession or foreclosure. L	ndents, creditor re amount ist and			
a.			\$				
b.			\$				
C.			\$				
d.			\$				
e.			\$				
			Total: Add Lines a	- e	\$		
Paymo	ents on prepetition prior	rity claims. Enter the total amount,	divided by 60, of all priori	ty claims, such			
		alimony claims, for which you were liable		4 600	1		

B22A (C	Official	Form 22A) (Chapter 7) (12/08) - Cont.		/
	the fo	pter 13 administrative expenses. If you are eligible to file a case ollowing chart, multiply the amount in line a by the amount in line b, and inistrative expense.		
	a.	Projected average monthly Chapter 13 plan payment.	\$	
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at or from the clerk of the bankruptcy court.)	х	
	C.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$
46	Tota	Property of the Payment. In the total of Lines 42 through the Payment.	ugh 45.	\$
	k,	Subpart D: Total Deduction	ons from Income	
47	Tota	of all deductions allowed under § 707(b)(2). Enter the total	of Lines 33, 41, and 46.	\$
		Part VI. DETERMINATION OF § 7	07(b)(2) PRESUMPTION	
48	Ente	er the amount from Line 18 (Current monthly income for § 707(b)	(2))	\$
49	Ente	r the amount from Line 47 (Total of all deductions allowed under	r § 707(b)(2))	\$
50	Mon resul	, , , , , , , , , , , , , , , , , , , ,	from Line 48 and enter the	\$
51		nonth disposable income under § 707(b)(2). Multiply the amounder 60 and enter the result.	unt in Line 50 by the	\$
	Initia	al presumption determination. Check the applicable box and pro	oceed as directed.	· · · · · · · · · · · · · · · · · · ·
52	this s	statement, and complete the verification in Part VIII. Do not complete the	eck the box for "The presumption arises" at the top of	of Part VI.
		ne amount on Line 51 is at least \$6,575, but not more than \$10,95 ines 53 through 55).	Complete the remainder of Part	
53	Ente	r the amount of your total non-priority unsecured debt		\$
54		shold debt payment amount. Multiply the amount in Line 53 esult.	by the number 0.25 and enter	\$
	Seco	ondary presumption determination. Check the applicable box	and proceed as directed.	
55	the to	ne amount on Line 51 is less than the amount on Line 54. Op of page 1 of this statement, and complete the verification in Part VII ne amount on Line 51 is equal to or greater than the amount on Line s" at the top of page 1 of this statement, and complete the verification is "	ine 54. Check the box for "The presumption	
		PART VII. ADDITIONAL E	XPENSE CLAIMS	
	healtl mont	er Expenses. List and describe any monthly expenses, not otherwise hand welfare of you and your family and that you contend should be althly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sour average monthly expense for each item. Total the expenses.	n additional deduction from your current	
EC		Expense Description	Monthly Amount	
56	a.		\$	
	b.		\$	
	C.		\$	
10 9 mg 147 10 14 5 mg 187		Total: Add Lines a, b, and c	\$	

Case 09-30798 Doc 5 Filed 10/02/09 Entered 10/02/09 15:11:32 Desc Main Document Page 8 of 10

Case 09-30798 Doc 5 Filed 10/02/09 Entered 10/02/09 15:11:32 Desc Main Document Page 9 of 10

Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)

Date: Signature: (Debtor)

Date: (Joint Debtor, if any)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the period 04/01/2009 to 09/30/2009

Line 3—Gross wages, salary, tips, bonuses, overtime, commissions

DEBTOR:

Source of Income: Paystubs Crossways Corporation

Income by Month:

6 Months Ago:	04/2009	\$2,240.00
5 Months Ago:	05/2009	\$2,240.00
4 Months Ago:	06/2009	\$2,240.00
3 Months Ago:	07/2009	\$2,054.50
2 Months Ago:	08/2009	\$0.00
Last Month:	09/2009	\$0.00
	Average per month:	\$1,462.42

SPOUSE OF DEBTOR:

Source of Income: Paystubs Mountain Crest Management, Inc.

Income by Month:

6 Months Ago:	04/2009		\$3,000.00
5 Months Ago:	05/2009		\$3,000.00
4 Months Ago:	06/2009		\$3,000.00
3 Months Ago:	07/2009		\$3,000.00
2 Months Ago:	08/2009		\$3,000.00
Last Month:	09/2009		\$3,000.00
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Average per month:

\$3,000.00